MPR 1280.6
REVISION F
EFFECTIVE DATE: September 30, 2004
EXPIRATION DATE: September 30, 2009

MARSHALL PROCEDURAL REQUIREMENTS

QD01

INTERNAL QUALITY AUDITS

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DOCUMENT HISTORY LOG

Status (Baseline/ Revision/ Canceled)	Document Revision	Effective Date	Description
Baseline		5/14/99	Document converted from MSFC-P17.1 to a Directive. Previous history retained in system as part of canceled or superseded ISO Document files.
Revision	A	8/16/99	Document revised to reflect new MSFC reorganization.
Revision	B	2/3/00	Section 3.8 was revised to remove the announcement letter; the audit schedule will serve as the announcement letter. Section P.4.c and 4, Records: Reference to MPG 1441.1 was changed to MPG 1440.2.
Revision	C	5/21/01	Updated to replace “MSFC Quality System” with “MSFC Management System”. The new electronic audit plans are now reflected in sections 3 and 5. Removed obsolete references to ISO 9000. In section 4.d, changed ref to ISO 9000-3:1991 TO ISO 9000-3: 1997. Updated Flow Chart to include arrows and not just lines between steps. Update other blocks in the Flow Chart for clarity. Updated page 17, paragraph 4 - Records -- last item refers to "Training Department" to the Employee and Organizational Development Department.
Revision	D	5/14/03	Document changed to update to the ISO 9001:2000 and AS9100 standards. The documented process in general did not change, however, the procedure was completely rewritten to make it clearer and to add definitions that were omitted. Also, the document has been made more consistent with the actual details of the revised electronic database, which was not adequately referenced in revision C. Removed Appendix D (MSFC Form 4318).
Revision	E	6/7/2004	Updated document to reflect proper section numbers, appendix listing and editorial changes.
Revision	F	9/30/2004	Updated document to adhere to changes of the Headquarters Requirements Rules Review.

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PREFACE

P.1 PURPOSE

This Marshall Procedural Requirements (MPR) directive establishes procedures for organizing, staffing, planning, conducting, and responding to internal audits. These internal audits encompass all activities, processes, and documents that form a part of the Marshall Space Flight Center (MSFC) Management System necessary to comply with MPD 1280.1, "Marshall Management Manual" (MMM), ISO 9001, and AS9100.

P.2 APPLICABILITY

This MPR applies to all MSFC operations.

P.3 AUTHORITY

MPD 1280.1, "Marshall Management Manual" (MMM)

P.4 APPLICABLE DOCUMENTS

a. MPD 1280.1, "Marshall Management Manual" (MMM)

b. MWI 1280.4, "MSFC Quality System Deficiency Notice System"

c. MPR 1440.2, "MSFC Records Management Program"

d. ANSI/ISO/ASQ Q9001:2000, "Quality Management Systems – Requirements"

e. SAE AS9100, "Quality Systems – Aerospace, Model for Quality Assurance in Design, Development, Production, Installation and Servicing."

P.5 REFERENCES

ANSI/ISO/ASQ Q9000-3, "Quality Management and Quality Assurance Part 3: Guidelines for the Application of ANSI/ISO/ASQC – Q9001 – 1994 to the Development, Supply, Installation and Maintenance of Computer Software"

P.6 CANCELLATION

MPG 1280.6E dated June 7, 2004

Original signed by
Robin N. Henderson for

David A. King
Director

DOCUMENT CONTENT

1. DEFINITIONS

1.1 Audit Plan. An outline that describes the audit activities to be conducted. See paragraph 3.8.

1.2 Audit Team. Comprised of a lead auditor and/or additional internal auditor(s). Subject matter expert(s) may be included on an audit team.

1.3 Auditee. An organization or representative from an organization that is audited.

1.4 Corrected on the Spot (COTS). A COTS is a minor isolated problem that can easily be corrected on the spot and requires no additional follow-up.

1.5 Escort. An auditee representative who physically accompanies the auditor during the investigation and analysis of the objective evidence. This individual provides access to physical areas and witnesses or is informed of potential nonconformances.

1.6 Internal Audit. A systematic and independent examination to determine whether quality activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives.

1.7 Nonconformance. Non-fulfillment of a specified management system requirement. Major and minor nonconformances are defined as:

1.7.1 Major Nonconformance. A deficiency that could have a direct, first-order adverse effect on the quality of a product or service, or on the ability to meet requirements for a product or service. Major nonconformances may include, for example, a complete absence or breakdown of a required quality system element.

1.7.2 Minor Nonconformance. A deficiency that could have an indirect, lower-order adverse effect on the quality of a product or service, or on the ability to meet requirements for a product or service. Minor nonconformances may include, for example, isolated instances of failure to comply with a management system requirement, or failures to comply that would affect quality only if another system failed as well. A series of minor nonconformances against systemic deficiencies may be elevated to a major nonconformance.

1.8 Objective Evidence. Qualitative or quantitative records or statements of fact pertaining to an item or service or to the existence and implementation of a management system element, which are based on observation, measurement, or test which can be verified. Examples of objective evidence are observations; observed concerns; positive; corrected on the spot.

1.9 Observation. A statement of fact made during a quality audit and substantiated by objective evidence.

1.10 Observed Concern. A condition that can lead to nonconformance. Corrective action is not required but is strongly recommended.

1.11 Positive. A process or policy that is not required but is value added to the organization.

1.12 Subject Matter Expert (SME). An individual assigned to an audit team with detail/specific knowledge or experience in a subject area.

1.13 Abbreviations.

1.13.1 AM Audit Manager

1.13.2 AT Auditor

1.13.3 LA Lead Auditor

1.13.4 MPR Marshall Procedural Requirements

1.13.5 MMS Marshall Management System

1.13.6 NCR(s) Nonconformance Report(s) (Reference Appendix B)

1.13.7 OR Organization Representative

1.13.8 PPOC Process Point of Contact

1.13.9 S&MA Safety and Mission Assurance

1.13.10 SM Senior Management

1.13.11 SME Subject Matter Expert

1.13.12 WI Work Instruction

2. RESPONSIBILITIES

2.1 Audit Manager (AM). The AM or the AM's designated alternate shall be responsible for, and has the authority for, implementing, managing, maintaining, and reporting on the performance of the internal quality audit system. The AM is responsible for maintaining the list of qualified Lead Auditors and Auditors. The AM has authority to approve audit plans, audit reports, and NCRs. The AM has authority to modify NCR(s) in the electronic database to correct errors/omissions. The AM has the responsibility to ensure that all closed NCR(s) are reviewed for continued effectiveness. The AM shall complete an Auditor course and/or possess sufficient management experience as determined by the ISO Management Representative.

2.2 Auditor (AT). The AT shall conduct the audit under the direction of a Lead Auditor. The AT shall participate in audit team meetings, review applicable documents, prepare checklists, conduct interviews, document objective evidence, and generate and perform follow-up actions on NCRs. The AT shall meet the following criteria:

2.2.1 Complete an auditor course facilitated by a certified instructor in the techniques necessary for performing quality system audits. Courses may be internally presented or externally achieved and shall be documented.

2.2.2 Serve on at least one audit as an auditor under instruction.

2.2.3 Receive positive determination of competency by the AM.

2.3 Lead Auditor (LA). The LA shall be responsible for, and directly manage, the audit assigned. The LA shall be ultimately responsible for all phases of the assigned audit. The LA shall conduct audit team meetings, prepare and conduct briefings, conduct interviews as appropriate, summarize audit, and review and approve all generated nonconformances. Prior to approval by the AM, the LA shall meet the following criteria:

2.3.1 Complete an auditor course facilitated by a certified instructor in the techniques necessary for performing quality system audits. Courses may be internally presented or externally achieved and shall be documented.

2.3.2 Serve on at least one audit as an auditor under instruction.

2.3.3 Receive positive determination of competency by the AM.

2.4 Organization Representative (OR). The individual assigned by senior management to represent the organization and serve as primary interface between the organization and the Marshall Management System (MMS). The OR shall provide requested documentation to the LA and shall participate in meetings with the LA. The OR shall arrange escorts for the audit team when necessary. The OR is responsible for addressing all nonconformances on behalf of the organization in accordance with this procedure. Response(s) shall be submitted without undue delay.

2.5 ISO Management Representative. The ISO Management Representative shall review the audit schedule and shall indicate concurrence on the schedule before it can be implemented.

3. PROCEDURE

The procedure begins with the preparation of the overall audit schedule by the Audit Manager (AM). This schedule is reviewed periodically and may be revised by the AM as necessary. The schedule shall be approved by the AM, with concurrence by the ISO Management Representative, before implementation. As a minimum, the entire management system shall be audited annually.

Action

3.1 The AM or designee shall determine what type(s) of audit are to be performed (by organization or across Center) and shall develop an audit schedule accordingly. The AM shall obtain agreement from the organizations' Senior Management (SM) on audit schedule including audit dates and organizational support.

3.2 The AM or designee shall determine the support needed for each audit. The size of the MSFC organization/ process(s), applicability to the MMS and results of previous internal or external audits, trending data, observed conditions, and problem reports shall be taken into consideration when developing and/or changing the schedule. The resources committed to the audit should be sufficient to meet the audit's intended scope and depth. See Appendix Z

3.3 The Lead Auditor (LA) shall be responsible for all phases of their assigned audit. Lead auditors shall be assigned to the audit task for the duration of the audit and related activities.

3.4 The AM shall verify organization representative (OR) for the organization(s) being audited. The AM shall schedule meeting time and location and notify audit team of team meetings. The AM shall work with the OR/process point of contact (PPOC) to determine the scope of the audit and which management system requirements/ organization activities shall be audited.

3.5 The LA shall work with the AM in the audit preparation. The LA shall confirm scope of audit with AM. Nonconformances and corrective action from previous audits shall be taken into consideration when determining the scope.

3.6 The auditor (AT) shall conduct the audit under the leadership of the lead auditor. Auditors shall be independent of the area they are assigned to audit. If the selected team members are available to participate in the audit, the team members shall be responsible for notifying their own supervisors.

3.7 The Lead Auditor and the OR shall:

- Discuss the planned scope of the audit and identify the clauses to be audited.
- Obtain Master List(s) and access to documents associated with the functions/areas to be audited.
- Determine the facility and security access requirements.
- Determine the working hours and times for the entrance and exit briefings.
- Determine any confidentiality requirements.
- Determine administrative assistance requirements (i.e., audit team office space, conference room for daily meetings, access to copy machines, telephones, etc.)
- If applicable, identify special processes that shall require experts (i.e., software development, specialized testing, etc.) to assess technical compliance and effectiveness of the processes and controls. Requests for experts shall be made to the AM. When auditing MSFC software-related activities, ISO 9000-3:1997 shall be used as a guide in performing the audit.

3.8 The LA shall prepare a draft audit plan. The plan shall be flexible in order to permit changes in emphasis based on information gathered during the audit, and to permit effective use of resources. The plan shall include:

- Identification of the organization(s) to be audited.
- Audit scope of activities.
- Location and dates.
- Name of the OR(s) and/or Process Point of Contact (PPOC).
- Names of the audit team members and element assignments.
- Dates and times for the entrance/daily/exit briefings, working hours, lunch break.

3.9 The LA shall conduct pre-audit meeting(s) with audit team members. The meeting (s) shall:

- Discuss the scope of audit activities.
- Review MPR 1280.6 “Internal Quality Audits” and general auditing techniques, conduct, and confidentiality requirements.
- Review previous audit nonconformances and corrective actions of the organization being audited.
- Discuss plan and readjusts clause/organization assignments, if necessary.
- Provide checklist and assists audit team in developing checklist applicable to the audit.
- Review instructions for each team member to submit objective evidence documented during audit activities.

3.10 The AM shall finalize the audit plan accordingly:

- Perform final review of the plan with the OR/PPOC and makes adjustments if necessary.
- Send the audit plan to the LA for review. Incorporates any changes and coordinates changes with the OR.

3.11 The LA shall provide a copy of the audit plan to the auditee's OR(s) in advance of the audit.

3.12 The AT shall prepare for audit accordingly.

- Review auditee's documents associated with the assigned clauses.
- Prepare and tailor checklists as applicable.
- Review previous audit reports for the area/processes being audited.
- Obtain NCR System access from the AM/NCR Data Base System Administrator, if not already assigned from a previous audit.

3.13 The OR shall prepare for the audit accordingly:

- Inform employees about the scope and objectives of the audit.
- Appoint responsible escorts to accompany members of the audit team as necessary.
- Supply all resources needed by the audit team to ensure an effective and efficient audit process. (Organization charts/charters, staff listing and location, schedule of interviews, as appropriate.)
- Reserve office space for audit team working room/team meetings.
- Make readily available a computer and printer with intranet connectivity.
- Identify times and reserve location(s) for audit team briefings (entrance, daily debriefing, and exit).
- If the OR objects to any provisions in the audit plan, such objections should immediately be made known to the AM. They should be resolved between the AM, Lead Auditor and the OR before conducting the audit.
- Concur with Audit Plan prior to Audit Manager approval.
- Obtain NCR System access from AM/NCR Data Base System Administrator if not already assigned from a previous audit.

3.14 The LA shall conduct the entrance briefing. The LA shall maintain an attendance list of this briefing. This list shall be maintained as a record. See Appendix Z. Topics for the entrance briefing shall include:

- Introduction of the audit team.
- A review of the scope and objectives of the audit.

- An opportunity for the auditee's management to present any comments relevant to the audit.
- A review of the auditors' assignments.
- An Audit Schedule.
- Clarification of Audit Procedure.

3.15 The LA and the AT shall conduct the Audit. Accompanied by the escorts (when deemed necessary by the OR, AM, LA, or by other requirement, i.e. safety.) The LA and AT shall audit the auditee's procedures, records, and actual processes to determine compliance to the MSFC Management System; review previously closed NCR(s), as assigned by the AM, for continued effectiveness; develop checklists and other techniques to be used to collect and document objective evidence. (Examples of objective evidence documented include: equipment numbers, calibration dates, training dates, document numbers, revision levels, and any other identifying information related to items reviewed.) Details of any concerns shall be explained to the escort/auditee at the earliest opportunity.

3.16 The LA/AT shall report any safety hazards and/or nonconformances requiring immediate action to the auditee immediately.

3.17 The audit team shall meet daily to discuss the audit including nonconformance(s), strong points (positive findings) and observed concerns.

3.18 As required during the course of the audit, the AM shall make changes to the team members' work assignments, and to the audit plan.

3.19 The auditee shall be briefed daily to prevent any miscommunication. The daily meeting shall provide a forum where the auditee can address disagreement between the auditee and the auditor/team.

3.20 The Audit team shall prepare for the exit briefing by identifying and generating draft NCR(s) and documenting positive and negative objective evidence to satisfy the accomplishment of the scope of the audit.

3.21 The LA shall conduct an exit briefing at the conclusion of the audit. An attendance list shall be routed and maintained as a record. Records of the exit briefing shall be kept with the audit records. The exit briefing shall include:

- A discussion of the audit activities.
- Presentation of the audit team's conclusions regarding the management system's effectiveness.
- A review of Audit Definitions

- A summary of the nonconformances and discussion of any significant observed concerns and positive findings.
- A summary of the results of the audit team's review of the NCR(s) from the previous audit.
- A discussion of the process for corrective action, follow-up, and closure of NCR(s).
- A discussion of how and when the internal audit report shall be submitted

3.22 The AT shall provide the LA with a written summary of objective evidence of each interview conducted detailing the clauses/processes the team member audited (normally within 5 working days of the exit briefing). This summary shall include the following for each interview conducted:

- Name of Auditee and organization code
- Location of auditee
- Specific records/document numbers reviewed during interview
- Detailed synopsis of audit interview responses associated with applicable clause(s).

3.23 The LA shall prepare the audit report using the objective evidence provided by the AT. The report shall contain:

- A cover page.
- Signature page with LA/AM Approvals
- Lead Auditor Approval
- An Executive Summary that addresses the audit activities.
- The results of the audit team's review of the previous audit's NCR(s).
- Objective Evidence
- Listing of NCR(s), if applicable.

The LA shall date, sign, and forward the completed audit report and any additional NCR(s) identified to the AM or the AM's designated representative for review and approval (normally within 15 working days from the date of the exit briefing). If additional nonconformances or Observations are generated during the compilation of the audit report, the LA shall coordinate those issues with the OR and the AM prior to releasing the NCR and Audit Report.

3.24 The AM shall review and approve the audit report and any associated nonconformances. At any stage of the NCR process, the AM shall modify the electronic NCR database to correct any errors/omissions as needed. The AM shall review NCR(s) trends for generic or systemic implications. The AM shall initiate a Quality System Deficiency Notice on nonconformances determined to have generic or systemic implications per MWI 1280.4. The

AM shall provide a copy of the audit report to the senior management of the organizations audited and organizations assigned NCR(s).

3.25 At the completion of the audit, the AM shall compile all required records accumulated during the audit. The AM shall file and maintain records in accordance with section 4 of this requirements document.

3.26 The organization responsible for corrective action shall provide the appropriate data in block 5 of the NCR (normally within 10 working days of the date the NCR is approved) in accordance with the data entry instructions in Appendix C.

3.27 The LA shall review proposed corrective action and target date for completion to ensure that the proposed corrective action is appropriate and the target date for completion is timely. Nonconcurrence with the proposed corrective action shall be identified by selecting the "disagreed" button in the approval field. In such case, the NCR shall then be available to the Auditee/OR to change the proposed corrective action. Disagreement with the proposed corrective action shall be brought to the attention of the Auditee/OR at the time the corrective action is disagreed. The LA and the Auditee/OR shall negotiate appropriate changes to the corrective action plan prior to proceeding to the next step.

3.28 The auditee/OR shall document the completion of the corrective action in block 6 of the NCR in accordance with the data entry instructions in Appendix C.

3.29 Upon notification (block 6 of the NCR) that the auditee has completed corrective action, the auditor who documented the nonconformance or Lead Auditor shall verify that the corrective action identified in block 5 of the NCR is complete and effective (normally within 10 working days from the time that the LA/AT has been informed that block 6 has been completed). The results of the corrective action verification activity shall be documented in block 7 of the NCR in accordance with the data entry instructions in Appendix C. A determination that the corrective action is not complete and/or not effective shall be identified by selecting "reject" under the Auditor verification field. Disagreement with the completed corrective action shall be brought to the attention of the Auditee at the time this disposition is made. The LA/AT and the Auditee shall negotiate appropriate changes to the corrective action.

3.30 If Corrective action has been rejected by the auditor, Auditee shall re-enter any additional corrective action taken (Block 6) to correct the NCR.

3.31 The LA shall review NCR and approve information provided in blocks 6

through 7. If the verification action taken is determined to be incomplete, the LA shall select the "Lead Reject" button in the approval field, contact the AT and resolve the discrepancy prior to closing the NCR. If corrective action is determined to be complete and effective and the verification activity is determined to be adequate, the LA shall close the NCR in accordance with the data entry instructions in Appendix C.

3.32 The LA/AT shall document verification of objective evidence in accordance with Appendix C.

3.33 The AM shall track NCR completion activity to ensure resolution and closure of NCR(s). If additional verification is needed, the process shall return to paragraph 3.30.

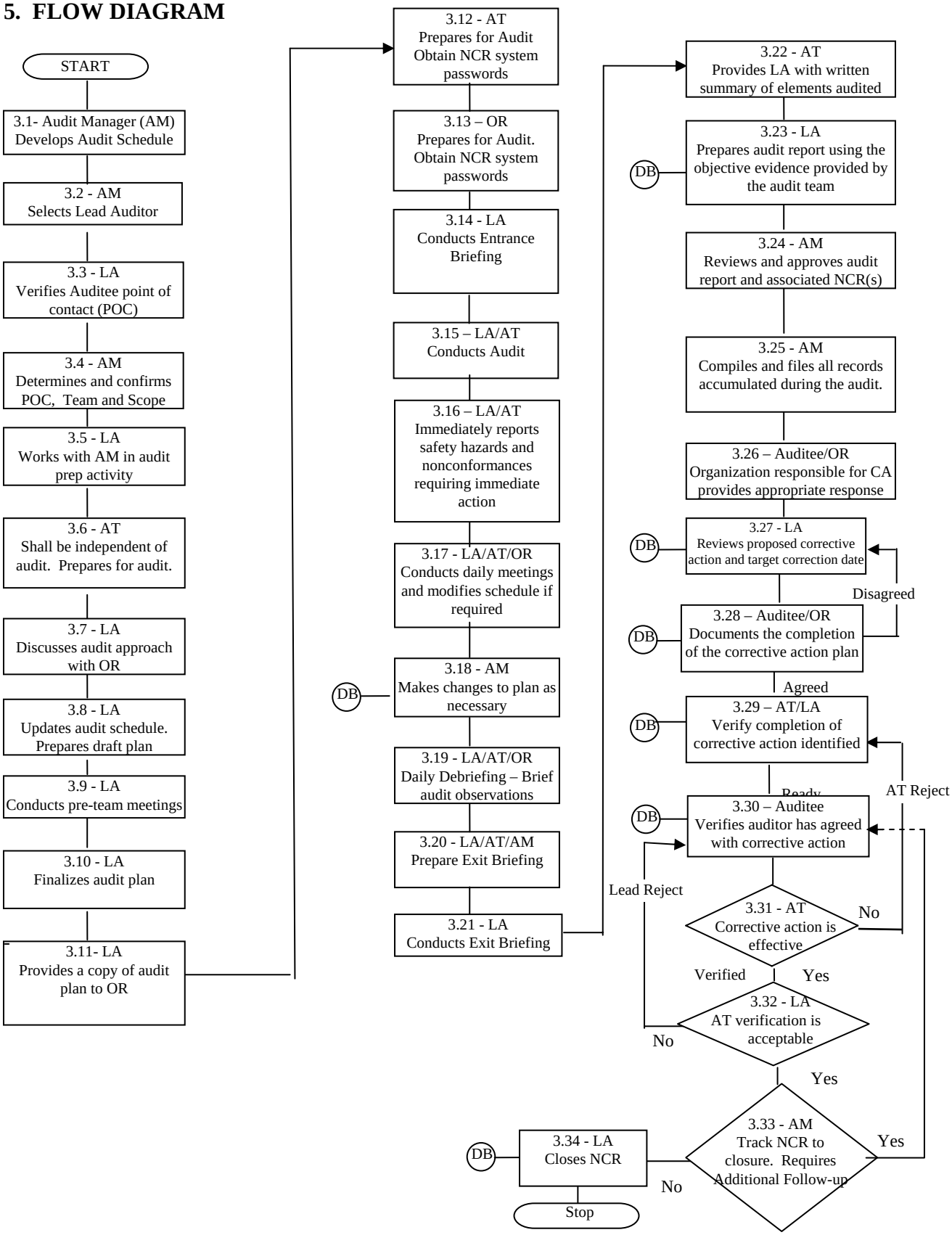
3.34 The LA shall close NCR upon satisfactory completion.

4. RECORDS

Internal audit records shall be indexed, filed, maintained, and dispositioned in accordance with MPR 1440.2, "MSFC Records Management Program."

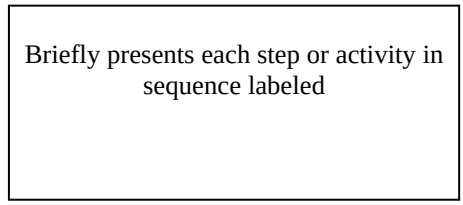
4.1 Completed (closed) MSFC Form 4289, Audit Nonconformance Report	Retained by AM for 3 years Destroyed by AM after 9 years
4.2 Audit Report	Retained by AM for 3 years Destroyed by AM after 9 years
4.3 Auditor/Lead Auditor Training and audit record sheet	Maintained up-to-date by the AM. Formal classroom training records are maintained in the Employee and Organizational Development.
4.4 Entrance and Exit Briefing Attendance List, Checklist/ Tools used to document AS9100 Audit objective evidence	Retained by AM for 3 years Destroyed by AM after 9 years

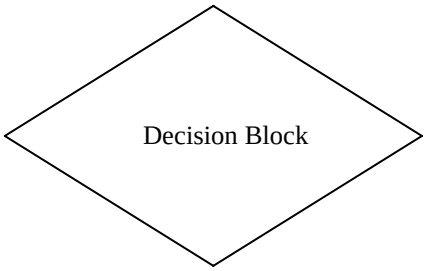
5. FLOW DIAGRAM

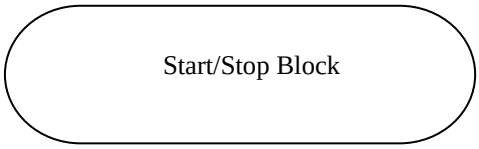


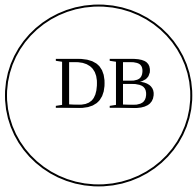
APPENDIX A

FLOW DIAGRAM SYMBOLS









Denotes interface with MSFC Internal Audit Nonconformance Tracking and Reporting Data Base System

APPENDIX B
MSFC FORM 4289, AUDIT NONCONFORMANCE REPORT

MSFC ISO 9000 INTERNAL AUDIT NONCONFORMANCE REPORT (NCR)

1 ORGANIZATION AUDITED: MONTH: YEAR:

LOCATION BUILDING: AREA:

2 NCR NUMBER

SEVERITY CODE: (Major - 1, Minor -2)

3 AUDITOR: ESCORT:

OTHERS IN ATTENDANCE:

4 NONCONFORMANCE: ISO ELEMENT :

LEAD AUDITOR'S SIGNATURE APPROVAL DATE :

5 CAUSE IDENTIFICATION/PROPOSED CORRECTIVE ACTION:

RESPONSIBLE ORGANIZATON POC/PHONE :

TARGET DATE TO COMPLETE ACTION: RESPONSIBLE ORGANIZATON :

AUDITEE'S APPROVAL: APPROVAL DATE :

LEAD AUDITOR'S APPROVAL: APPROVAL DATE :

6 CORRECTIVE ACTION COMPLETE (DESCRIBE ACTION TAKEN IF OTHER THAN WHAT WAS PROPOSED IN BLOCK 5) :

AUDITEE'S APPROVAL: APPROVAL DATE:

7 CORRECTIVE ACTION VERIFIED AS: ☐ TAKEN ☐ NOT TAKEN ☐ EFFECTIVE ☐ NOT EFFECTIVE

AUDITORS APPROVAL: VERIFICATION DATE:

LEAD AUDITOR'S APPROVAL: APPROVAL DATE :

MSFC Form 4289 (Rev. December 1997)

APPENDIX C
MSFC FORM 4289, DATA ENTRY INSTRUCTIONS

Block #	Data Title	Actionee	Shall perform all actions
1	Organization Audited	AT	Enter the office code of the MSFC organization being audited.
1	Month	AT	Enter the month that the audit started in.
1	Year	AT	Enter the Year that the audit was conducted in.
1	Location	AT	Enter the location where the nonconformance was identified, BLDG (building) and AREA (i.e., West Test Area, 2nd floor, etc.). Do not enter room number.
2	NCR Number	LA	Shall be assigned automatically by the NCR data base system. The status of the NCR shall be displayed automatically in this block (OFFICIAL, DRAFT, PROPOSED, AGREED, DISAGREED, READY, VERIFIED, AUD_REJECT, LEAD_REJECT, CLOSED)
2	SEVERITY CODE	AT	Choose the appropriate number to identify the severity of the NCR (Major - 1, Minor - 2).
3	Auditor	AT	Enter the auditor's name.
3	Escort	AT	Enter the name of the organizational representative who is escorting the auditor.
3	Others in Attendance	AT	Enter the names of any other personnel who are accompanying the auditor (i.e., auditors under instruction, observers, etc.)
4	Nonconformance	AT	Describe the nonconformance in clear, concise terms. Include a statement of the requirement violated (include reference document number, revision number, page number, and paragraph number) and a description of objective evidence used to identify the nonconformance.
4	ISO 9001/AS9100 Clause	AT	Enter the ISO 9001/AS9100 Clause that this nonconformance was written against.
4	Lead Auditor's APPROVAL/ APPROVAL DATE	LA	Indicates approval by entering their name, checking true in the approval block, and entering the date to demonstrate concurrence with the information in the NCR.
4	Electronic Approval	AM	Review and approve the NCR. Electronic Approval by the AM shall result in the creation of an "OFFICIAL" NCR with an official NCR number generated by the database.
5	Cause Identification/ Proposed Corrective Action	Auditee	Enter the cause of the nonconformance and proposed corrective action (normally within 10 working days from the date the NCR is approved and deemed official). Corrective action should include interim, remedial, and preventative corrective action as appropriate.
5	Organization Responsible POC/PHONE:	AM	Enter the name and phone number (phone number optional) of the person from the responsible organization that shall be entering data in the NCR(s). This person shall have password access to the sections of the NCR that require organization responsible data entries.
5	Target Date to Complete Action	Auditee	Enter estimated corrective action completion date.
5	Organization Responsible	LA	Identify MSFC Organization (by Organization Code) that shall be responsible for completing the corrective action. The responsible organization for completing the corrective action may be other than the organization that was being

			audited when the nonconformance was discovered.
5	Auditee's Approval/ Approval Date	Auditee	Responsible representative from Auditee's management indicates approval by checking true in the approval block, entering in their name, and entering the date to demonstrate concurrence with the information supplied in block 5. Block 5 should normally be completed within 10 working days of the date the NCR is approved (Block 4 approval date). The NCR status (in block 2) would now change from "OFFICIAL" to "PROPOSED."
	Lead Auditor's Approval/ Approval Date	LA	Indicates approval by entering their name, checking true in the approval block, and entering the date to demonstrate concurrence with the proposed corrective action and target date for completion of the corrective action. The NCR status (in block 2) would now change from "PROPOSED" to "AGREED." If the proposed corrective action is not acceptable, indicates disapproval by selecting the "DISAGREED" button. The NCR status (in block 2) would now change from "PROPOSED" to "DISAGREED."
6	Corrective Action Complete	Auditee	Describe action taken to correct nonconformance when corrective action taken is different from what was proposed in block 5 or if additional corrective action is required as a result of the AT/LA verification activities in block 7.
6	Auditee's Approval / Approval Date	Auditee	Responsible representative from Auditee's management indicates approval by checking true in the approval block, entering in their name, and entering the date to validate that effective corrective action has been completed. The NCR status (in block 2) shall now change from either "AUD REJECT" or "AGREED" to "READY" depending on the status of the NCR at the time the entries were made.
7	Corrective Action Verified As (Taken/Not Taken) (Effective/Not Effective)	AT/LA	After completion of corrective action verification activities, identify the appropriate block. Identifying the blocks "Taken" and "Effective" indicates that action taken was satisfactory. If either the "Not Taken" or "Not Effective" blocks are identified, notify the auditee that additional action is required. If required, the Lead Auditor or Audit Manager shall assign additional resources to assist the Auditor in verifying the completeness and effectiveness of the corrective action.
7	Verification of Action Taken	AT/LA	Describe the specific actions taken to verify the effectiveness of the corrective action taken and support the Taken/Not Taken and Effective/Not Effective decisions made at the beginning of block 7.
7	Auditor's Approval	AT/LA	If the action was "TAKEN" and "EFFECTIVE," validate this determination by checking true in the approval block. The NCR status (in block 2) would now change from "READY" or "LEAD REJECT" to "VERIFIED" depending on the status of the NCR at the time the action was taken. If the action was "NOT TAKEN" and/or "NOT EFFECTIVE," validate this determination by selecting the "AUD REJECT" button. The NCR status (in block 2) shall now change from "READY" or "LEAD REJECT" to "REJECT" depending on the status of the NCR at the time the action was taken.

7	Verification Date	AT/LA	Enter the date that the verification activities were completed.
7	Lead Auditor's Approval and Approval Date	LA	Review corrective action response and description of verification action taken. If information is satisfactory, approve electronically by checking true in the approval block, typing in their name, and entering the date that closure was approved. The NCR status (in block 2) shall now change from "VERIFIED" to "CLOSED." If the verification action taken is not acceptable, then the LA should select the "LEAD REJECT" button to indicate this determination. The NCR status (in block 2) would now change from "VERIFIED" to "LEAD REJECT."

APPENDIX Z

GUIDANCE

3.2 Additional auditors may be assigned to receive under-instruction training. Subject matter experts may be assigned to an audit when necessary or requested.

3.6 Independence means that they are not directly responsible for the area that they are auditing.

3.14 Recommended attendees include audit team members, the audited organization's/area's management, organization representative, and escorts.